Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6/16/08</u>	Address:	216 Kyle St.
Case #:	43-25988		Columbus, IN
County:	<u>Bartholomew</u>		<u>47201</u>
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open Air			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/Me	e Information e/Pseudoephedrine Tracking Log erchant Tip izen Call In
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: Wayne Township artment: Bartholomew County ction Service: Bartholomew County	Fax: <u>(812)</u> Fax: <u>(812)</u> Fax: <u>(812)</u>	<u>379-1555</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Trooper Rick Hewitt Phone (812) 522-1441			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.